

may be cast off from the uterine cavity at any time during the extra-uterine pregnancy and that it does not necessarily point to the death of the foetus, though it is often significant of hemorrhage into the tube or tubal abortion.

Adenoma of the Fallopian Tube.—NADORY (*Zentralblatt für Gynäkologie*, 1904, No. 23) reports the following cases:

Case I. A II-para, aged twenty-eight years, had suffered for three weeks with abdominal pains and a bloody discharge. A diagnosis of incomplete abortion with enlargement of the left tube was made, and the uterus was curetted. As the tube did not diminish in size under treatment and the patient continued to suffer great pain, laparotomy was performed. A pus-tube was removed, which was thought to be tuberculous, but on microscopic examination it proved to be a typical adenoma.

Case II. The patient, aged twenty-nine years, had been sterile for eight years, and was sent to the clinic as a case of probable ruptured ectopic gestation. On opening the abdomen general adhesions were found, the affected tube was removed, and showed at its isthmus a myoadenoma, such as was originally described by Recklinghausen, the mucosa being intact. The writer regards this obstruction of the lumen as the cause of the tubal pregnancy.

Extirpation of the Spleen.—CASATI (*Zentralblatt für Gynäkologie*, 1904, No. 23) reports five cases, in three of which the spleen was enlarged from malaria, once from cancer, while there was one case of idiopathic enlargement. The patients all recovered, those with the malarial spleens being cured. The writer does not advise splenectomy for this cause unless the tumor has reached a very large size. He makes a medium incision and uses a Mikulicz drain if extensive adhesions have been separated.

Metrorrhagia in Syphilis.—OZENNE (*Soc. médico-chirurg. de Paris; La gynécologie*, June, 1904) calls attention to the fact that this symptom is generally observed during the tertiary stage, but that it may appear during the secondary, and may be of diagnostic value in the absence of local evidences of infection. He reports two cases which yielded to mercurial treatment after all local measures had failed.

Drainage after Laparotomy.—SCHWEIZER (Inaugural Dis.; abstract in *Zentralblatt für Gynäkologie*, 1904, No. 23), from an analysis of a series of cases at the Zurich clinic in which drainage was employed by means of gauze wrung out in sterile water, or a solution of salicylic acid, and brought through the lower angle of the wound, arrives at these conclusions: In cases in which there is doubt as to the sterility of the pus in a case of tubal or ovarian abscess, and when a perforation of the intestine has been sutured, the gauze drain or tampon should always be used, since in this way many fatal results can be averted.

[We have cited his paper in order to emphasize the expression "or tampon," since the writer, by stating the fact that gauze acts as a tampon, as well as a drain, involuntarily admits the weak point in his argument. He evidently has not followed the trend of modern surgical technique, which is that so-called gauze-drain (especially when it is

introduced through a small abdominal wound) more often prevents than favors the escape of fluid. In those exceptional cases in which gauze-tamponade of the pelvis is employed it is generally admitted that the vaginal route is the natural one for drainage.—H. C. C.]

OTOLOGY.

UNDER THE CHARGE OF

CLARENCE J. BLAKE, M.D.

OF BOSTON, MASS.,

PROFESSOR OF OTOLOGY, HARVARD UNIVERSITY.

ASSISTED BY

W. A. Le COMPTE, M.D., E. D. WALES, M.D., AND D. H. WALKER, M.D.

Injuries of the Drumhead from Indirect Violence.—W. BOEHM (*Monatsschrift für Ohrenheilkunde*, March, 1904) states that injuries of the drumhead, in the form of a solution of its continuity, are more frequently the result of indirect violence than of puncture by foreign bodies, destruction by chemical action, or perforation as a consequence of extreme temperature limits locally applied. This is in accordance with the fact that even a very moderate degree of air pressure applied in such fashion as to force the drumhead to make a major excursion within a limited period of time is sufficient to ensure its rupture.

It is not the forceful box upon the ear which ruptures the drumhead so often as the less forcible blow with the flat of the hand covering the whole auricle, and, for a moment, making an air-tight closure of the canal; and it is interesting to note that the clinical records of cases of injury to the ear from this cause show the majority of them to have occurred on the left side, a natural result of the preponderance of right-handed blows.

That the condition of the drumhead itself should exert an influence upon the extent and location of the injury resulting from a sudden excursion under the influence of air pressure is evident, as illustrated in cases of partial atrophy of the drumhead, of cicatricial adhesions, or of the weighting of certain portions by the presence of calcareous deposits.

That detonation at short range may cause a rupture of one or both drumheads is not infrequently observed in artillery service, and the same is true in cases of dynamite blasters, in divers, and in caisson workers. Injury of the same character may also be caused under conditions of exhibition of pressure from within outward, by sudden compression of the air within the middle ear, as in violent coughing, sneezing, and vomiting, or by the use of the Politzer air douche and, contrariwise, by the sudden exhaustion of the air in the external canal, as in a case reported by Huettig, where a kiss upon the ear resulted in a rupture of the drumhead.

There is still another group of injuries to the drumhead, those resulting from cranial concussion, which has not, as yet, been sufficiently